U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	or Official Lina Only
7	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	2. Fiscal Year Covered From:
1. File Number U-	1 / 1 / 2004 Through: 12 / 3/ 2004
	4. Name, file number, and address of labor organization.
3. Name and address of person filling.	
Name Artyro G Sondoval	Name Luborevs' International union Of North America Local 300 Labor Organization File Number 024909
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 14800 Dovenshipe ST	Street 5/5 Sharo peace
Ch. 10/6/10/0 41/16	City LOS ANGELES
State CP ZIP Code +4 Q1340	2) State CA ZIP Code + 4 90020
19137 Parish the	
	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizations.	zation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/6N/E	
Trade Name, if any:	NONE
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	NONE
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accoundersigned's knowledge and belief, true, correct, and complete. (See the content of the	ity of Perjury and other applicable penalties of the law, that all of the information
	01105 1221 705-71/8
Signed M. Sundonel	On S-4-05 (2/3) 305-7160 Date Telephone Number
11100 (2002)	Page 1 of 2

Name of Person Filing Artlero Sando	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is accepted any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organication.	erwise dealing will the business strively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name /// O// // Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: NONE a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name All All All All All All All All All Al	NONE
Street St	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo	inder parts A and B above) ney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name /// // // Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. NONE